

FILED MAY 15 1944

Registration District No. 13

Primary Registration District No. 3127

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Jaeger  
(b) City or town Waltham  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jaeger Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life time  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

Daniel Veatch Kendall

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased Sept 22 1873  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	6	20	hr. min.

9. Birthplace Waltham, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business

12. Name Dan Kendall

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Young

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John King

(b) Address Waltham, Mo

17. (a) Burial (b) Date thereof April 13 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waltham, Mo

18. (a) Signature of funeral director Waltham City Unit Co

(b) Address Waltham, Mo

19. (a) Apr 12 1944 (b) Mrs. Willie Eagle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jaeger  
(c) City or town Waltham  
(If outside city or town limits, write "RURAL")  
(d) Street No. 11  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1944 hour 11 30 minute 0 M.

21. I hereby certify that I attended the deceased from April 11 to April 12 1944  
that I last saw him alive on April 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arteriosclerosis

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 83a!

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 2 no

23. Signature Dr. J. P. King (M. D. or other)  
Address Waltham, Mo Date signed 5/12/44

44-4-379

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Clayton M. Johnston  
Licensed Embalmer No. 4304  
P. O. Address Webb City Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.